



### Request for Transcript of Academic Record

P. O. Box 80 Weyers Cave, VA 24486  
(540) 234-9261/1-888-750-2722/ TDD 234-0848  
FAX: 540-453-2437

Please complete the application, sign, and return to the above address. Requests may also be faxed. There is no charge for transcripts.

#### Mail transcript to:

\_\_\_\_\_ School/Business  
 \_\_\_\_\_ Office or Person  
 \_\_\_\_\_ Complete Mailing Address  
 \_\_\_\_\_

#### Student Information:

\_\_\_\_\_ Date of Request  
 \_\_\_\_\_ Social Security No, **OR** Empl ID Number **OR** Date of Birth  
**MUST HAVE AT LEAST ONE OF THE ABOVE IN ORDER TO PROCESS!**  
 \_\_\_\_\_ Last Name  
 \_\_\_\_\_ First Name  
 \_\_\_\_\_ Street/P.O. Box  
 \_\_\_\_\_ City  
 \_\_\_\_\_ State  
 \_\_\_\_\_ Zip  
 \_\_\_\_\_ Name at time of enrollment (if different from above)

Currently Enrolled:  Yes  No

Give Dates of Attendance

From: \_\_\_\_\_ To \_\_\_\_\_

Check all that apply.

- Date Transcripts should be sent: \_\_\_\_\_
- Hold until current semester grades posted.  Hold until graduation is posted.
- Dual Enrollment
- Send as soon as possible.

Number of Transcripts to be sent: \_\_\_\_\_

#### PROCESSING TIME IS TWO WEEKS.

Remarks:

\_\_\_\_\_ **Student Signature (required)**